

FOR DEPARTMENT USE ONLY:

☐ Approved ☐ Denied ☐ Cancelled ☐ Withdrawn

Cardholder ID #: _____

State of Idaho
Department of Water Resources

APPLICATION FOR WELL DRILLER'S LICENSE

SECTION A – TO BE COMPLETED BY THE APPLICANT:

Applicant's Last Name _____			First Name _____			MI: _____		
Street Address _____						PO Box _____		
City _____			State _____		Zip _____		Phone _____	
* * * * *								
Applicant's Date of Birth _____								
Place of Birth: City _____			State _____			Country _____		

Have you passed the Idaho Well Driller's Exam? ☐ Yes ☐ No

If not, you must contact a Region office (see instructions for locations) to schedule the exam. If you must cancel an exam you have scheduled, please notify the Region Office in advance of the scheduled exam about the cancellation.

<p>Provide written documentation of your knowledge of IDAPA 37.03.09, drilling experience, and compliance history. Describe your experience, training, and responsibilities relative to operation of well drilling equipment and well construction and design. (Use a separate sheet of paper if you need more room to write.) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Submit evidence to establish that you, as an applicant to be a licensed driller, have successfully constructed a sufficient number of wells within the preceding thirty (30) months to demonstrate competency. Evidence of this experience can be demonstrated by the submission of driller's reports bearing the applicant's signature and the signature of the driller having responsible charge, well tag numbers the Department has on file, or other documentation acceptable to the director. (Use a separate sheet of paper if you need more room to write.) _____

Classroom Study Completed		
School Attended	Hours Completed	Credits Received

References: Provide letters of reference from three people who can attest to your understanding and experience related to well construction and drilling. Only one reference may be from your current employer, fellow employees, or relatives.

I CERTIFY THAT: A) I have read, understand, and will comply with all Idaho Statutes and Department Rules, including Start Card Procedures; B) I will provide adequate supervision to those Class I and Class II Operators under my responsible charge and will review all related Well Driller's Reports prior to submittal; C) This application is true and correct to the best of my knowledge.

Date

Signature of Applicant (as it will appear on Driller Reports)

SECTION B – TO BE COMPLETED BY THE PRINCIPAL DRILLER:

Name of Drilling Company Employing Applicant: _____

Drilling Company License No.: _____

Principal Driller: Last Name _____ First Name _____ Middle Name/Init ____

Primary business address and phone numbers for Principal Driller: Street or PO Box _____

City _____ State _____ Zip ____

I CERTIFY THAT: A) The applicant named above is an employee of this Drilling Company (covered by workman's compensation); B) I will be responsible to oversee this employee's drilling activities for the drilling company and will review and sign all related Well Driller's Reports prior to submittal; C) The foregoing information is true and correct to the best of my knowledge.

Date

Signature of Principal Driller (as it will appear on Driller Reports)

FOR DEPARTMENTAL USE:

Receipt No. _____ Fee \$ _____ Date _____ Received by _____

Deposit to licensing fee account